

The Commonwealth of Massachusetts
Town of Uxbridge
BUSINESS CERTIFICATE

Date.....

In conformity with the provision of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

is conducted at.....

mailing address.....

type of business..... Tel. No.....

by the following named person/s.

FULL NAME

HOME MAILING ADDRESS

Signed

The Commonwealth of Massachusetts

Worcester SS.

Date.....

Personally appeared before me the above-named.....

and made oath that the foregoing statement is true.

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Expiration Date.....

SEAL

TITLE

YOU ARE ADVISED THAT HOLDING THIS CERTIFICATE DOES NOT EXEMPT YOU FROM OBTAINING ANY OTHER LICENSE, PERMIT, OR APPROVAL REQUIRED TO OPERATE THIS BUSINESS.